

## Chapter 20

# Eyeglass and Vision Care Services

Vision care providers enrolled with PrimeWest Health are not required to work with any specific state- contracted laboratory in order to serve PrimeWest Health members. Vision care providers must bill PrimeWest Health directly, using standard billing forms and CPT and HCPCS procedure codes. Providers must bill PrimeWest Health their usual and customary charge for their services. PrimeWest Health will pay the amount billed, or the maximum allowable, whichever is lower.

## Eligible Providers

Ophthalmologists, opticians, and optometrists are allowed to enroll with PrimeWest Health and provide and bill for services within their scope of practice.

## Eligible Recipients

PrimeWest Health members are eligible to receive a new pair of glasses every 24 months or more frequently if they meet medical necessity criteria identified below.

Vision care providers must verify eligibility for replacement glasses by calling PrimeWest Health Provider Relations at (866)-431-0802 to determine when the member's last pair of PrimeWest Health eyeglasses were dispensed.

## Covered Services

- Comprehensive vision examinations.
- Intermediate vision examinations.
- Plastic or polycarbonate lenses for children or adults (PrimeWest Health does not require children to have polycarbonate lenses).
- Photochromatic (transition) lenses for certain childhood illnesses, developmental disability, or seizure conditions when clear glass/plastic lenses may pose a safety risk.
- Tinted or polarized lenses when medically necessary.
- Aspherical hand held magnifiers (3.7 X 11.0 diopter), when medically necessary.
- Double segs (FT25, FT28), plastic or glass, when medically necessary.
- Fresnel prism, Slab off prism, when medically necessary.
- Repairs to frames and lenses purchased through PrimeWest Health.
- Ultraviolet coating

## Non-covered Services

- Replacement of lenses or frames to change the style or color
- Cosmetic services
- Tints or polarized lenses for fashion purposes
- Protective coating for plastic lenses
- Edge and anti-reflective coating of lenses
- Industrial, sport eyeglasses or glasses for computer screen usage, unless they are the member's only pair and are necessary for vision correction.
- Invisible bifocals or progressive bifocals
- Contact lenses which required authorization which was not obtained
- Replacement of lenses or frames due to provider error in prescribing, frame selection, or measurement
- High index plastic lenses
- Eyeglasses or lenses for occupational or educational needs, unless it is the member's only pair and it is necessary for vision correction
- Services or materials that are considered experimental or not clinically proven by prevailing community standards or customary practice
- Backup eyeglasses or split prescription into two pairs of eyeglasses
- Reading glasses

## Medical Necessity Criteria for Receiving Eyeglasses More Frequently Than Every Two Years

Vision providers may dispense new eyeglasses, even though two years have not passed since member's last pair was dispensed, if one of the following criteria is met.

- There is a change in correction of 0.5 diopters or greater in either sphere or cylinder power in either eye;
- There is a shift in axis of greater than 10 degrees in either eye;
- A comprehensive or intermediate vision examination shows that a change in eyeglasses is medically necessary;
- There is a change in the member's head size which warrants a new pair of eyeglasses;
- The member has had an allergic reaction to the previous pair of eyeglasses; or
- The original pair is lost, broken, or irreparably damaged; send documentation with claim.

## Quality of Covered Eyeglasses

- Lenses covered by PrimeWest Health must be first quality impact resistant glass, plastic or polycarbonate single vision, bifocal or trifocal lenses.
- Lenses must conform to the American National Standards Institute Recommendation for Prescription Ophthalmic Lenses, ANSI's most current standards, and the FDA requirements for impact resistance.
- All lenses must be finished (hardened and edged) and assembled in the frame.
- A new eyeglass case must be included with each pair of eyeglasses.

- Eyeglasses found by the member to be unsatisfactory due to defective workmanship and/or materials must be replaced or repaired by the provider without cost to the member or PrimeWest Health.
- Errors made in prescribing or dispensing are the responsibility of the prescribing and/or dispensing provider and are not to be billed to PrimeWest Health or the member.

## Repairs

Repairs made to frames and lenses not under warranty may be billed to PrimeWest Health. Only frames and lenses purchased through PrimeWest Health are covered for repairs. Bill frame parts replaced or repaired to PrimeWest Health using V2020 with modifier RP. Bill replacement frames or lenses using the appropriate frame or lens code without modifier RP. Do not bill a dispensing code for repairs or replacement of frames or lenses. Bill dispensing fees only for complete frames and lenses.

## Members with Private Health Insurance Coverage

Members with private insurance coverage that have an eyeglass benefit must obtain their eyeglasses, eye examination, and vision services through their primary insurance. Members whose private insurance plan does not cover eyeglasses as a benefit must receive eyeglasses from an enrolled PrimeWest Health optical provider.

## Contact Lenses

Contact lenses are covered without authorization if prescribed for aphakia, keratoconus, aniseikonia and bandage lenses. All other diagnoses/conditions require authorization for contact lens services and supplies. Submit the following when an authorization is required to document medical necessity:

- Diagnosis;
- Prescription; and
- Detailed explanation of why eyeglasses do not meet the medical needs of the member.

Contact Lenses		
Procedure Code	Brief Definition	Limitations
S0500	Disposable contact lens, per lens	Authorization is always required when prescribed for conditions other than aphakia, keratoconus, aniseikonia or bandage lenses.
V2500	Contact Lens - for diagnosis other than Aphakia, Keratoconus, or Aniseikonia, or to Bandage Lenses.	
V2599	Contact lens, other type	
92070	Fitting of contact lens for treatment of disease, including supply of lens	
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation	
92391	Supply of contact lenses, except prosthesis for aphakia	

Submit your authorization request to:

PrimeWest Health  
Utilization Management  
2209 Jefferson Street, Suite 101  
Alexandria, MN 56308

## Documentation

Document the following situations in the member's medical record:

- A change in the member's head size which requires eyeglasses before 24 months.
- Changes in the member's vision which meet the medical necessity criteria above and which requires eyeglasses before 24 months.
- The member's eyeglasses have been lost, stolen, or irreparably damaged and therefore require replacement with an identical pair before 24 months.
- Eyeglasses are dispensed for occupational, educational, industrial or sports needs but these eyeglasses are the member's only pair and they are needed for vision correction.

## Billing

- Bill all claims for vision care items and services to PrimeWest Health using the CMS-1500 claim form (paper or electronic).
- Each line item submitted charge must reflect the provider's usual and customary charge.
- Bill frames, lenses, dispensing fee, repairs, and other covered items and services using HCPCS (level I and II) codes and guidelines.
- Include the appropriate ICD-9 diagnosis code on the claim in the following situations:
  - A medical condition that requires either a tint or photochromatic lenses;
  - Aphakia, keratoconus or aniseikonia that requires contact lenses;
  - Allergic reaction to previous frame that requires new frames;
  - Photochromatic (transition) lenses;
  - Medical condition that requires an aspherical hand held magnifier (3.7 X 11.0 diopter); or
  - Medical condition which requires Fresnel prism, Slab off prism.

## Copays

Eyeglasses (complete frames and lenses) are subject to a copay. A copay does not apply if only the frames are dispensed or only the lenses are dispensed, or to eyeglass repairs.

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_010007](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_010007)

## Billing the Member

**The member may purchase non-covered add-ons and non-covered items.** Add-ons are lens treatments that can be added to a pair of covered lenses and frames. Examples are: lens coating, special edge treatments, scratch resistant coating, anti-reflective lens coating, etc. members may pay for the cost of the add-on products. The provider must inform the member before providing the item that it is not covered by PrimeWest Health and that the member is responsible for the payment of the add-on item.

Members may be billed for non-covered items. If a member chooses to purchase **upgraded lenses** that are not medically necessary (such as high-index plastic, transition lenses, no-line bifocals) or an **upgraded frame** that is not medically necessary (such as a more fashionable frame, back-up glasses), the member is responsible for payment of the entire cost of the lenses and/or frame. The provider cannot bill the member for the difference between covered lenses and/or frame and the upgraded lenses and/or frame. PrimeWest Health will not pay for the dispensing fee, repairs or adjustments made to upgraded products or non-covered items.

Bill services provided to PrimeWest Health members using the CMS 1500 for all services except those that are Medicare-covered. They can be billed on a Form UB-92.

*\*PrimeWest Health does not have prior authorization requirements for eyeglass benefits. Services not listed are not available through the eyeglass program.*

## Maximum Allowable Rates

Providers must bill PrimeWest Health at their usual and customary charge. PrimeWest Health will pay the lower of the submitted charge or the maximum allowable rate.

## Vision Therapy/Orthoptic and Pleoptic

Vision Therapy/Orthoptics and Pleoptics		
Procedure Code	Brief Definition	Authorization Requirements
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	No authorization is required for any PrimeWest Health groups.

## Visual Therapy/Orthoptics/Pleoptics Coverage Criteria

Diagnosis and treatment of amblyopia, sensory or motor strabismus, and accommodative disorders causing subjective visual complaints which are not relieved by wearing prescription eyewear;

- Home visual therapy is to be used, including home treatment with patching, lens fogging, red/green/polaroid filters, and other lenses/devices; and
- Visual therapy for amblyopia is limited to children under age 10. If improvement is not noted after four sessions, the member must be referred to an appropriate professional (e.g., neurologist or ophthalmologist) for further evaluation.

Billing for Ocular Photodynamic Therapy or hospital outpatient services (CPT code 67221) is covered only for ICD-9-CM 362.52. No separate payment for the intravenous infusion service is allowed. Payment for the infusion is packaged into CPT code 67221.

## Payment Limitations

The physician monitoring progress may bill for a limited examination in addition to the orthoptic/pleoptic training. Document in the medical record that the physician has seen the member and performed the necessary procedures for a limited examination. Limited examinations to evaluate visual therapy are limited to one per week.

## Definitions

**Comprehensive Vision Examination:** A complete evaluation of the visual system. The services includes history, general medical observation, external and ophthalmoscopic examination, gross visual fields, basic sensorimotor examination, biomicroscopy, examination with cycloplegia or mydriasis, and tonometry.

**Date of Service:** The actual date the service is performed or the supplies are dispensed.

**Dispensing Services:** The technical services (fitting of spectacles) necessary for the design, fitting, and maintenance of glasses (frames and lenses) as prescribed by an optometrist or ophthalmologist.

**Eyeglass/Vision Service:** A comprehensive or intermediate vision exam provided by an optometrist or ophthalmologist and/or eyeglasses dispensed by an optician, optometrist or ophthalmologist.

**Eyeglasses/Spectacles:** A pair of lenses mounted in a frame to aid vision, as prescribed by an optometrist or ophthalmologist.

**Intermediate Vision Examination:** An evaluation of a new or existing specific visual problem complicated with a new diagnosis or management problem not necessarily relating to the primary diagnosis.

**Ophthalmologist:** A physician who has academic training in ophthalmology beyond the state requirements for licensure and experience in the treatment and diagnosis of the diseases of the eye.

**Optician:** A supplier of eyeglasses to a patient as prescribed by the patient's optometrist or ophthalmologist.

**Optometrist:** A person licensed as an optometrist under Minnesota law.

## Legal References

Minnesota Rules 9505.0277

Minnesota Rules 9505.0445

42 CFR 410

42 CFR 411

42 CFR 440.120(d)